

No. 5

County Lauderdale
 Permit # MS-GW-16723
 Driller David Conady
 Date drilling completed 1-14-11

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well # S 59
 L. S. Elevation _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Clarksdale Water Association</u> Mailing Address: <u>% AES Limited</u> <u>P.O. Box 5654</u> <u>Meridian MS 39301</u> City State Zip Code Telephone No. <u>(601) 693-6156</u></p>	<p>Well or Borehole Location</p> <p>Latitude <u>N 32° 13' 39.39"</u> Longitude <u>W 89° 41' 54.70"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 31 Twn 5N Rng 16E</u> Distance Direction Nearest Town <u>8.6 Miles South of Meridian</u></p>
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Well / Borehole Data

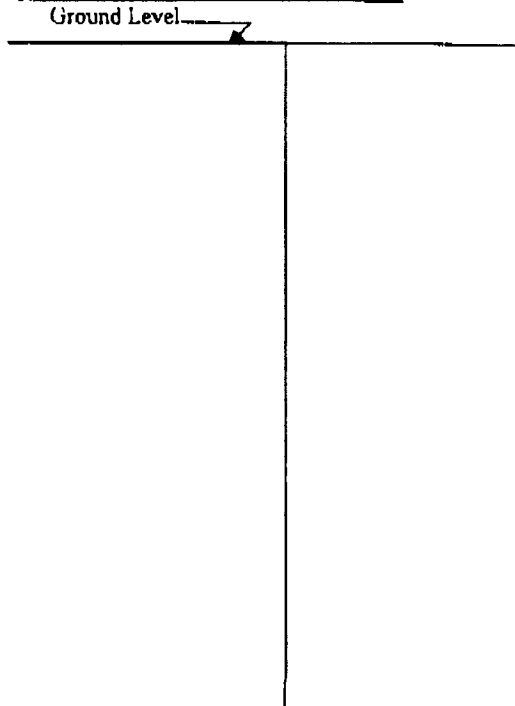
Date drilling started: 10-20-10 Date drilling completed: 1-14-11 Hole depth: 1313' Hole diameter: 25"
 Location of the source of any surface water used for drilling: Public Supply
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): State
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A
 Static Water Level: 263 feet above or below (circle one) land surface Date measured: 1-17-11
 Method of Measurement (circle one) steel tape Electric tape air line other: _____
 Well depth: 1200' Well grouted to a depth of 125 feet Type of grout (circle one): Ncat Cement Bentonite Mix
 Casing length: 1125 feet Casing diameter 12 inches Type of casing: Steel
 Screen length: 70 feet Screen diameter: 8 inches Type of screen: Stainless Steel
 Screen slot size: .020 inches Setting depth: From 1125 feet to 1195 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: 1045 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

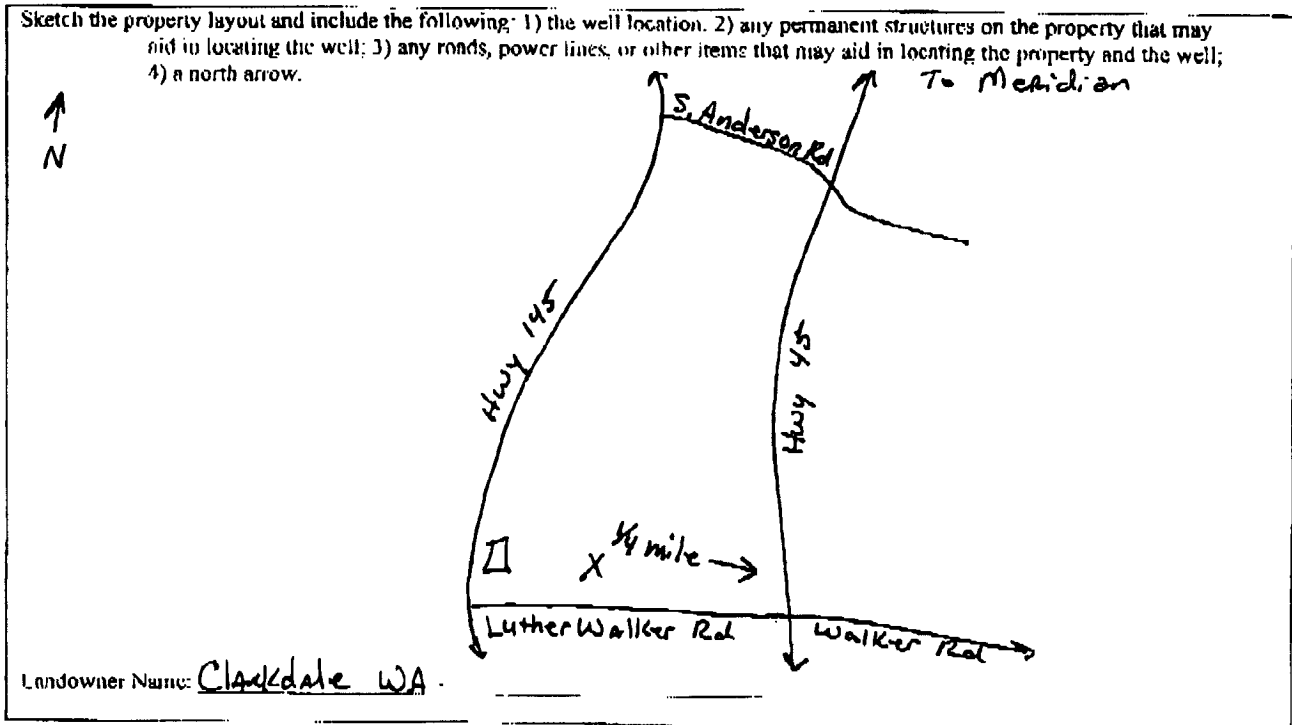
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand & Sandstone	Ground Level	25
Clay & Sandstone	25	35
Clay & Shale	35	108
Rock	108	109
Clay & Shale	109	184
Sandy Shale	184	419
Rock	419	423
Sandy Shale	423	553
Rock	553	554
Sand & Shale	554	666
Rock	666	667
Clay & Sandy Shale	667	708
Rock	708	711
Sandy Shale	711	989
Rock	989	991
Clay & Shale	991	1042
Rock	1042	1044
Sandy Shale	1044	1125
Sand	1125	1230
Sand & Shale	1230	1250
Sand w/ Shale s flcs	1250	1313

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (01/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703 1-29-11

Clayton Miller

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

#5

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Lauderdale
 Permit #: _____
 Driller: David Canady
 Date completed: 5-7-11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: S59
 Well #: _____
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Clarkdale Water Association</u>	Latitude: <u>N32° 13' 39.39"</u> Longitude: <u>W88° 41' 51.70"</u>
Mailing Address: <u>% AES Limited</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 5654</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Meridian MS 39301</u>	<u>SW 1/4 Sec 31 T 8 N R 10 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 693-6156</u>	<u>8.6 Miles South of Meridian</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>5/7/11</u>	Setting Depth: <u>370</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/2/11</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>262</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>329</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>67</u> Feet Below Land Surface	Well yielded <u>760</u> GPM with a drawdown of
Test Pumping Rate: <u>760</u> Gallons Per Minute	<u>67</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer